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Approved for use through 9/30/00. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/171,583
Filing Date	with an effective filing date of April 23, 1997
First Named Inventor	William John BAILLIE-HAMILTON
Group Art Unit	2875
Examiner Name	Peggy A. NEILS
Attorney Docket Number	ROCKCO P39AUS

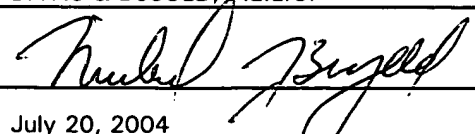
Total No. of Pages in this Submission: **11**

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Amendment/Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):
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REMARKS

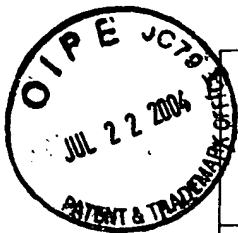
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	July 20, 2004	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, CAVA 22313-1450 on July 20, 2004

Type or printed name	Michael J. Bujold
Signature	 Date: July 20, 2004



FEE TRANSMITTAL

for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **\$640**

Complete if Known

Application No.
Filing Date
First Named Inventor
Examiner Name
Group Art Unit

09/171,583
w/an effective filing date of April 23, 1997
William John BAILLIE-HAMILTON
Peggy A. NEILS
2875

Attorney Docket No.

ROCKCO P39AUS

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number: 04-0213

Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge-late filing fee/oath	
1052	50	2052	25	Surcharge-late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	

The Director is authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below ☐ Credit any overpayments
☐ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified account.

1812	2,520	1812	2,520	For filing a request for re-examination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	

FEE CALCULATION

1. FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provision filing fee	
SUBTOTAL (1)					\$-0-

1251	110	2251	55	Ext.for reply w/in 1 mon	
1252	420	2252	210	Ext.for reply w/in 2 mon	
1253	950	2253	475	Ext.for reply w/in 3 mon	\$475
1254	1,480	2254	740	Ext.for reply w/in 4 mon	
1255	2,010	2255	1,005	Ext.for reply w/in 5 mon	
1401	330	2401	165	Notice of Appeal	\$165
1402	330	2402	165	Filing a Brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	

2. CLAIMS

		Extra	Fee From Below	Fee Paid
Total Claims	-20*	=	\$18 (\$9) x	=
Ind. Claims	-3	=	\$86 (\$43) x	=
Multiple Dependent		=	\$290 (\$145) x	=

** or number previously paid, if greater; For Reissues, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) \$-0-				

1451	1,510	1451	1,510	Petition to institute a public use proceeding
1452	110	2452	55	Petition to revive - unavoidable
1453	1,330	2453	665	Petition to revive - unintentional
1501	1,330	2501	665	Utility issue fee (for reissue)
1502	480	2502	240	Design issue fee
1503	640	2503	320	Plant issue fee
1460	130	1460	130	Petitions to the Commissioner
1807	50	1807	50	Petition related to provisional applns.
1806	180	1806	180	Submission of Info.Disclo.Stmt.
8021	40	8021	40	Recording ea. patent assignment per property (times No.of properties)
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))
1810	770	2810	385	For ea.additional invention to be examined (37 CFR 1.129(b))
1801	770	2801	385	Request for Cont.Exam. (RCE)
1802	900	1802	900	Request for expedited examination of a design appln

**or number previously paid, if greater; For Reissues, see above

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **\$640**

SUBMITTED BY

Completed (if applicable)

Typed or Printed Name

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